

POLISH – AMERICAN GOLF ASSOCIATION

MEMBERSHIP APPLICATION

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

DOB: / / **CELL #: 1-** _____

E-MAIL ADDRESS: _____

GHIN # (optional if any): _____ **HCP Index:** _____

ANNUAL MEMBERSHIP FEE: \$120.00 yearly

PAID BY CASH OR CHECK. DATE PAID: ____/____/____

CHECK PAYABLE TO:
POLISH-AMERICAN GOLF ASSOCIATION (PAGA)
Mailing address; **60 LANGDON AVE, NJ 07885**

I'M INTERESTED IN SERVICING ON THE FOLLOWING COMMITTEES:

TOURNAMENT COMMITTEE: ()

HANDICAP COMMITTEE: ()

MEMBERSHIP COMMITTEE: ()

SOCIAL COMMITTEE: ()

DATE: ____/____/____

Signature of applicant